

ment, regardless of their age, sex, class, race and residence. Unfortunately physicians are able to define health and disease almost arbitrarily. If we wish to improve our business or status we need only increase the upper limit of the normal hemoglobin level to determine who is anemic. The pathological evidence depends on how carefully we examine patients and, to a certain extent, on our selfish interests.

The concept of health is changing as we become more observant and proficient. The World Health Organization's definition¹ is foolish because no one has, or will have, "complete physical, mental and social well-being". Professor Emson falls into the same trap when he uses the phrase "full enjoyment of life" in his definition of disease. Since one has not experienced that blissful state, one can only describe it theoretically. A definition without meaningful terms is not a definition. Jennings² tried to distinguish between illness and disease; however, two kinds of reality would be required that basic science will not allow. The problem of whether alcoholism is a disease is an ancient one. Often it applies only when people have cirrhosis. Could it not apply when people

drink excessively? Unfortunately this concept of disease is incompatible with the concept of well-being or full enjoyment, which some people think requires the liberal use of alcohol. Is child abuse only a disease when the victim has visible injuries?

In our article³ we did not address the definitions of health and disease because we believe that although these terms are somewhat arbitrary and changeable, they are reasonably well understood. Instead we concentrated on the implied contracts between physicians and people who become their patients and on the ethics binding these implicit agreements. We believe that the discussion of ethics and of the needs of patients has a greater pragmatic value than the sometimes fatuous attempts to define health, disease and illness.

References

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Health and disease: problems of definition

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Health and disease are qualities and therefore cannot be precisely defined. The same is true for words like beauty, truth and love; one can only express their meaning by describing or telling stories about people or things that have these qualities. However, certain abstractions of health can be defined; for example, health as a statistical concept, health as an adaptation to an environment (or adaptive potential) and health as a subjective experience. None of these are mutually exclusive, and none should be mistaken for the whole.

The same applies to disease in general. In medicine there is an explanatory system of abstractions — a frame of reference — in which disease is classified into categories, the categories being

called diseases. It is therefore possible to define precisely a disease but not disease in general. Dr. Emson has misunderstood my meaning. The sentence he quotes reads: "In the traditional doctor-centred method physicians try to bring the patient's illness into their own world and to interpret the illness in terms of their own [i.e., the physician's] pathological frame of reference."

My definition of a disease is a categorization of the patient's disease that has predictive power and, in some cases, enables causal inferences to be made. There remains the difficult but not insoluble problem of distinguishing disease from social deviance.

The subjective experience of the patient can also be abstracted from disease. A number of writers have used "illness" to describe this abstraction. The purpose of my article was to draw attention to the inability of our current clinical method to address an illness as well as a disease. I agree with Emson that it is desirable to define these abstractions, but it is fruitless to try to define health and disease as qualities. ■

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